

PLEASE COMPLETE THIS FORM AND RETURN TO OUR OFFICE AT THURLES
COMMUNITY TRAINING CENTRE, STRADAVOHER. WE WILL TAKE IT FROM THERE!



Any doubts/queries please call 0504 21592

Information Item	Your Details please:
Name:	
Address:	
Date of Birth:	
Contact No:	
Email:	
PPS Number:	
Tick what you have completed in school:	Junior Cert ___ Leaving Cert ___ None _____
Name(s) of Schools you have attended:	
Date you finished school:	
What areas are you interested in: Please tick all that apply to you.	Hairdressing _____ Woodwork/Horticulture _____ Catering _____

	Computers _____
Any other information you would like to add:	Interests at the moment:
	Hobbies at the moment:
What would you most like to achieve in life:	